

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	Dr		4-6-00
O.I.P.E. CLASSIFIER		12	4/1/00
FORMALITY REVIEW	36R	47718	5/8/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1		11/4/00	
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If more than 150 claims or 10 actions  
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